VERIFICATION OF CALIBRATION REPORTIN 2 2 2010

of Datamaster cdm State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervi	Sor/Operator Performing the Verification Procedure: Name Shayne Calt ID# 4559 Date 5-15-10 Agency AST Phone # 733-256
	Instrument Location Willow AST.
В	Alco S/N X 301581 Target Value 092 High Pressure 500
	Alco Test Value Average 1st Alco 2nd Alco
e.	Signature(OVER)
D 1 0	(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz
Scientific Director

Selentific Director

State Breath Alcohol Program

Subscribed and sworn before me this 24 day of Que, 2010

Cootary Seal Stamp)

Carolyn M. Noland

Notary Public, State of Alaska

Commission Expires with Office





VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N 130492

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY DATAMASTER cda 130492

MRY 15, 2010

My 3/10

OPERATOR'S NAME:

CALT SHAYINE M

OPERATOR'S NUMBER: 4559

SUBJECT'S LAST NAME:

VERIFICATIONOFCAL

SUBJECT'S FIRST NAME/MI:

V
O.L. #: V
DEPT/AGENCY: TALO
CASE/REPORT: V
TEST TYPE: V
ALCO TARGET VALUE: .082
ALCO S/N: X301581

--- BREATH AMALYSIS ---

.082 ADJUSTED FOR 29.70 in	
ALCO TARGET .081	09:04
BLANK TEST . 999	99:05
INTERNAL STANDARD . VERIFIE	D 99:05
ALCO TV 29.70 in 30 .953	09:05
BLANK TEST CAN 10.000	99:06
SUBJECT SAMPLE (2000)	09:07
BLANK TEST 10 .000	09:07
ALCO TV 29.70 in .083	09:08
BLANK TEST .000	09:09

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY DATAMASTER cdn 138432

MAY 15, 2010 TIME 09:01

- DIAGNOSTIC CHECK --

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 92/20/01

HEATERS

SAMPLE CHAMBER: 49c BREATH TUBE: 41c

BAROMETER: 29.70 in

FLOW DETECTOR: OKRY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKRY

FILTERS: OKAY

QUARTZ STAMDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-,'0123456789:;<=>^9ABCDEF6
HIJKLMYOPGRSTUVWKYZ[\]^_'abcdefghijklmno
pgrstuvwxuz{{}}+